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BUNIONECTOMY WITH DISTAL METATARSAL OSTEOTOMY POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

The initial surgical dressing consists of a non-adherent gauze on the wound, squares of white gauze held in place with a roll of gauze, white cotton wrap and on the surface, an Ace bandage. Keep the dressing on your wound until your first post-operative appointment. Keep dressing clean and dry. You may notice bleeding or drainage on your bandage. This is not unusual. Do not remove the bandage. You may apply another bandage over if necessary.

If bleeding is excessive during the first 24 to 48 hours: Phone the surgeon on call

BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least three days after operation. During the period of bed rest, the feet are elevated above the level of the heart. This can be done by lying down, and placing two or three large pillows under the foot/feet. Progressing with ambulation around the house is encouraged after the first three days. Continue elevating the foot/feet when at rest as often as possible; this will help decrease swelling and pain. It is better to be up frequently for short periods of time rather than being up fewer for longer periods of time and this will increase swelling and pain.

Crutches are used for the first week and a half after surgery. A walker is recommended if one does not feel secure with crutches. Weight bearing is allowed only when necessary for the first week on the heel. With the crutches, place weight as lightly as possible on the heel. After the first dressing change, one week after operation, an increased amount of weight bearing on the heel is allowed. After using the crutches, a period of using a cane may be helpful while transitioning to full weight bearing.

PAIN MANAGEMENT

Local anesthetic and often a nerve block is used to anesthetize or numb the surgical area. This will numb the pain for approximately 4-24 hours after surgery.

Oral pain medication is prescribed, and given to the patient before surgery. Fill the prescriptions as soon as possible and begin taking them as directed for the first three days, as this tends to be the most painful period. Then the pain medication can be scaled back as pain lessens.

If pain is intolerable during the first 24 to 48 hours: Phone the surgeon on call

FOOTWEAR, ELASTIC STOCKINGS, AND BRACES

During the first four to six weeks after surgery, a postoperative shoe is worn for all walking. The postoperative shoe has a hard sole and is large enough to accommodate the dressing. It has Velcro straps. It is not necessary to wear the postoperative shoe at night.

Transition to normal shoes is encouraged four to six weeks after surgery as swelling and pain allow. A toe separator may be used, but is not usually necessary to continue when wearing normal shoes.

SHOWERING, SUTURES, AND DRIVING

Showering requires protection to keep the dressing dry for the first two weeks. This usually requires a cast bag. Sutures are removed at the second post-op visit or two weeks after surgery. 24 hours after sutures are removed, the surgical area can get wet in the shower. Wait until three weeks after operation before soaking in the bathtub or a hot tub.

Driving may be feasible using the postoperative shoe approximately two weeks after operation. Driving is delayed longer if it does not feel safe.

FOOT REHABILITATIVE EXERCISES

First week: No exercises (days 0 – 6).

Second week: Massage (days 7-13) Use both hands to grasp the top of the foot by the great toe. Apply progressively greater pressure with the hands. A set of massage is 5 twenty-second (hand applications). Do 4 or 5 sets per day in the initial two weeks.

Third week: (days 14 – 20) Stabilize the foot with the non dominant hand and with the dominant hand using the thumb and index finger, bend the big toe with both upward and downward maneuvers. The motion is focused on the joint at the base of the big toe, not

in the middle of the big toe. Apply progressively greater force during a 20 second stretch. A set of stretches is 5. Do 4 or 5 sets per day in the initial two weeks of stretching. Scale back on massage as range of motion exercises increase.

Formal physical therapy exercises can start the 4th week if the patient would like to go.

SKIN CARE

Once sutures are removed, soften the skin with Vaseline, vitamin E ointment or a thick gentle lotion like Curel or Aveeno. Avoid applying directly over the incision until completely healed and there is no drainage. This can be done up to 2 or 3 times a day.